



PROCEDURE

Outbreak Cleaning Procedure

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Procedures are a series of required steps to complete a task, activity or action



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Purpose:	To ensure all departments/sites have the same information on the requirements for precaution plus cleaning during outbreaks.
Scope:	<ul style="list-style-type: none"> Clinical Direct Staff including; Nursing, Health Care Aide (HCA), Environmental Support Services (ESS) Clinical Support Staff: Nursing Unit Assistant Clinical Leaders: Nursing and ESS Island Health Acute and Residential Services
Outcomes:	Ensuring best practice for patient/resident safety by standardizing cleaning processes throughout Island Health. The environment has been shown to be a reservoir for infectious agents.

Equipment

- Disinfectant used to clean during an outbreak must have a Drug Identification Number (DIN) issued by Health Canada with a label claim against norovirus, feline calicivirus or murine norovirus.
- Recommended disinfectants include accelerated hydrogen peroxide (0.5%) or Hypochlorite at concentration of 1000 parts per million. Hypochlorite requires a 2 step process where surfaces must be cleaned with a detergent followed by the hypochlorite.
- The cleaning product for the site will be changed to an approved disinfectant for the duration of the outbreak.

Procedure

- Surveillance and monitoring of clusters takes place prior to the identification of an outbreak. Precaution plus cleaning may be ordered prior to an outbreak being declared. Once the outbreak has been declared and the Outbreak Meetings have been arranged, individual requests are no longer required.
- All symptomatic cases shall be on additional precautions with precaution clean in place.
- Cleaning requirements may change at times in response to triggers such as increasing case counts and/or events such as patient/resident/public vomiting/diarrhea.
- Hand Hygiene and Personal Protective Equipment compliance reduces the cross contamination and transmission of microorganisms from the environment.

Initiating Outbreak Cleaning

Initiating Outbreak Cleaning : Health Care Staff	Key Points
Declutter the patient zones (Appendix A) for all symptomatic patient/residents as soon as they are put on precautions. In addition, limit the amount of clothing for patients/residents on precautions. Consider taking the opportunity to declutter the zones for all patients/residents on the unit.	To reduce the risk of transmission and make it easier to complete a terminal clean when precautions are discontinued. Inadequate terminal clean may result in the virus/bacteria still being present in the environment.

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Initiating Outbreak Cleaning : Health Care Staff	Key Points
Ensure all horizontal surfaces are clear for cleaning.	Housekeeping will only clean horizontal surfaces if they are free of items.
<p>At the onset of the outbreak the hallways are to be free of all equipment and clutter.</p> <p>Remove all clean equipment from the hallway and place in a designated clean area. Only remove equipment that has a clean tag placed by housekeeping.</p>	<p>All equipment should be removed off the unit if it is not required.</p> <ul style="list-style-type: none"> For sites that have equipment depots, ensure all appropriate equipment is returned. For sites that do not have an equipment depot, consider dedicating a room for the storage of clean equipment. e.g. kitchen, family room.
Prepare the tub room for a terminal clean. Remove all excess linen, supplies and equipment from communal tub rooms.	There should be no more than one shift worth of linen stocked in the tub room. There should be no shared personal care products in the tub room including lotions and shampoo.
Ensure unit linen is covered with a plastic cover or behind closed doors in a designated area.	Covers protect the clean linen from potential cross contamination by residents/staff and family.
Additional Cleaning for Gastrointestinal : Health Care Staff	Key Points
<p>If there is a laundry room on the unit, declutter and remove excess supplies for the duration of the outbreak.</p> <p>For those sites with non-commercial unit washing machines, consider dedicating one laundry room for patients/residents on precautions and one for those not on precautions.</p> <p>If there are not two laundry rooms available please do the laundry for the asymptomatic patient/resident first followed by the laundry for the symptomatic patient/resident. Machine wash items choosing the longest cycle with hot water and machine dry them on the hottest cycle.</p> <p>Disinfect the exterior of the washing machine after use. If possible, consider disinfecting the interior of the washer after washing is complete.</p>	<p>Separation of laundry is not required if laundry is done by a central laundry.</p> <p>There is potential for contamination of the unit laundry rooms during an outbreak.</p> <p>Sample disinfection for the interior of the washing machine: The machine must be empty:</p> <ul style="list-style-type: none"> Add 1/2 – 1 cup of liquid bleach the washing machine and run on hot for the longest cycle. Add an extra rinse cycle. This will reduce the risk of cross contamination. Put a clean damp towel and run the dryer on high for 90 minutes (optional). This will protect the dryer from “burning out”.

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Last Revised:	2017-NOV-24	Last Reviewed:	2017-NOV--24	First Issued:	2017-DEC-01	Page 2 of 9

Initiating Outbreak Cleaning: Housekeeping Staff	Key Points
<p>All cleaning on the unit shall be with a disinfectant if not already used.</p> <p>Minimum twice daily cleaning/disinfection of high touch surfaces. The second clean/disinfect should occur later in the shift approximately 6-8 hours later.</p> <p>Twice Daily Cleaning of Public areas including:</p> <ul style="list-style-type: none"> ● Patient Zone including washroom ● Public/Staff Washrooms ● Nursing station ● Handrails ● Communal dining rooms ● Public lounges <p><i>One time cleaning to include:</i></p> <ul style="list-style-type: none"> ● Shared equipment/carts in the hallway ● Terminal clean of the Tub Room and all contents of the tub room (chair, lift, etc.) <p>Additional cleaning may be requested. This cleaning may include onetime cleans of patient/staff kitchens, workstations on wheels or transport items.</p>	<p>Bacteria and viruses are generally located on environmental surfaces exposed to hand contact. <i>See appendix B.</i></p> <p>Remove all equipment from the hallways where possible and store in the designated storage area away from hallway during an outbreak.</p> <p>All equipment must be cleaned and tagged before being removed from the affected area.</p>
<p>If the kitchen is to remain open daily cleaning is to take place (Appendix C).</p>	<p>If kitchen is left open then clean the following : Countertops/all hard surfaces, food contact surfaces, table/chairs, doorknobs, light switches, paper towel dispensers, floors, salt/pepper shakers/condiments and holders, table tops, garbage receptacles. Replace condiments with single use if at all possible (e.g. Salt and Pepper). (Appendix C).</p>
<p>Twice daily cleaning to be completed for all patient/resident zones on additional precautions.</p> <p>Rooms that are not on precautions will be cleaned prior to the rooms on additional precautions.</p>	<p>Cleaning should focus on environmental surfaces exposed to hand contact which have a higher frequency of contamination than other sites. Cleaning includes; door handles, bedrails, light switches, sink faucets and handles, paper towel/soap dispensers, mounted grab bars, toilet, remote controls telephone, over bed table, bed side table, call light controls, medical equipment such as IV pump.</p>

Maintained by:	Infection Prevention and Control					
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Last Revised:	2017-NOV-24	Last Reviewed:	2017-NOV--24	First Issued:	2017-DEC-01	Page 3 of 9

Initiating Outbreak Cleaning: Housekeeping Staff	Key Points
	<p>Cleaning a patient/resident room also includes the bathroom used by the individual and the area inside the patient/resident zone, including all items and equipment (wheelchair/walker) used in his/her care.</p> <p>In mental health, long term care and paediatrics the patient environment includes shared space such as dining areas/group rooms.</p>
Additional Cleaning for Gastrointestinal : Housekeeping Staff/ Food Services	Key Points
<p>Staff Lounge including all horizontal surfaces.</p> <p>Refrigerators: The refrigerator needs to have all contents emptied so it can be cleaned inside and out.</p> <ul style="list-style-type: none"> - All open items must be discarded. - All closed items must be wiped clean <p>Patient/Resident Refrigerators: Food Services are responsible to discard all multiuse containers and replace with single use containers.</p>	<p>The request for refrigerator cleaning will be listed on the requisition for confirmed outbreaks and clusters. <u>One time</u> request at the onset of the outbreak to eliminate a potential source of infection.</p> <p>If cost prohibitive to replace all multiuse containers, the fridge must have a lock or be in a locked room after cleaning that cannot be accessed by family or residents.</p>
<p>Bedpan washers are to be inspected and cleaned on a daily basis.</p>	<p>Routine clean for the exterior by housekeeping Site to determine process for cleaning the interior at the first day of outbreak if a process is not already in place.</p>
<p>Clean carpets with detergent then steam clean for > 158 degree F for 5 minutes or 212 F for 1 minute.</p>	<p>Dry vacuuming of carpets is discouraged as vacuuming can re-suspend particles in the air.</p>

Additional Cleaning and Activity Required Prior to Declaring the Outbreak Over

Activity/Clean	Key Points
<p>Tub Bathing of Patient/Residents:</p> <ul style="list-style-type: none"> • No restriction on bathing non-affected patients/residents. • Affected patients/residents that are now asymptomatic can be bathed on the day their additional precautions are discontinued. • The tub room should be terminally cleaned following. 	<p>Exceptions can be made for bathing on an individual basis. A bed bath may not be acceptable for all patients/residents.</p> <p>Affected patients/residents on precautions can be bathed prior to the final clean of the tub room otherwise a terminal clean would be required prior to bathing another patient/resident.</p>

Maintained by:	Infection Prevention and Control					
Issuing Authority:	Infection Prevention and Control					
Last Revised:	2017-NOV-24	Last Reviewed:	2017-NOV--24	First Issued:	2017-DEC-01	Page 4 of 9

Additional Cleaning and Activity Required Prior to Declaring the Outbreak Over:

Activity/Clean	Key Points
Final terminal clean of the tub room including tub equipment.	To be ordered once new cases are no longer being identified.
Final terminal clean Kitchen area. This applies even though the kitchen may have been closed and tray service may have been provided.	If the kitchen is closed to patients/residents but staff still have access an additional terminal clean prior to opening is required.
Terminal clean of all recreation/ OT/PT rooms.	One time clean. May be cleaned as soon as possible after closure of the rooms during the outbreak. These rooms are generally closed during outbreaks to reduce the amount of areas that are contaminated.
Terminal clean of laundry room.	A terminal clean must be completed regardless of whether the room was designated for symptomatic or asymptomatic patients/residents as it is considered part of the shared environment.
Workstations on wheels, transport items, stored equipment.	It may be deemed necessary to clean these items as per Infection Prevention and Control (IPAC) recommendations.

Final Terminal Cleans required at End of Outbreak:

Cleaning that must be complete before reopening the unit	Key Points
Final high touch including patient lounges/dining room/nurses station.	Even if the dining room was closed, staff may have had access.
Additional Cleaning for Gastrointestinal	
Clean walls of all public hallways/spaces.	Spaces that were not cleaned by terminal clean.

3.0 Definitions

- **Cluster:** A grouping of cases of a disease within a specific time frame and geographic location suggesting a possible association between the cases with respect to transmission.
- **Discharge Clean:** The cleaning that occurs when a patient/resident/client is discharged and has not been on any additional precautions. Cleaning products include Quaternary ammonium disinfectant and neutral detergent.
- **Disinfectant:** A product that is used on surfaces of inanimate objects which results in disinfection.

Maintained by:	Infection Prevention and Control					
Issuing Authority:	Infection Prevention and Control					
Last Revised:	2017-NOV-24	Last Reviewed:	2017-NOV--24	First Issued:	2017-DEC-01	Page 5 of 9

3.0 Definitions Cont'd

- **Health Care Provider:** Health Care Provider – Individual providing or supporting health care services that will bring them into contact with patients/clients/ residents. This includes, but is not limited to: emergency service providers, physicians, dentists, chiropractors, nurses, podiatrists, respiratory therapists and other allied health professionals, students, support services (e.g. housekeeping, dietary, maintenance, hairdressers), and volunteers.
- **High Touch Surfaces:** Surfaces that have frequent contact with hands. Examples include, but are not limited to doorknobs, call bells, bedrails, overbed tables, light switches, wall areas around the toilet, and edges of privacy curtains.
- **Patient/Resident Zone:** see Appendix A: The immediate space around a client/patient/resident that may be touched by the client/patient/resident and may also be touched by the health care provider when providing care. The client/patient/resident environment includes equipment, medical devices, furniture (e.g., bed, chair, and bedside table), telephone, privacy curtains, personal belongings (e.g., clothes, books) and the bathroom that the client/patient/resident uses. In a multi-bed room, the client/patient/resident environment is the area inside the individual's curtain. In an ambulatory setting, the client/patient/resident environment is the area that may come into contact with the client/patient/resident within their cubicle. In a nursery/neonatal setting, the patient environment is the isolette or bassinet and equipment outside the isolette/bassinet that is used for the infant.
- **Precaution Clean:** For all rooms/bed spaces where patients/residents/clients are on additional precautions (Contact, Droplet, Airborne). This clean requests the use of Accelerated Hydrogen Peroxide disinfectant. The clean will follow the Housekeeping checklist form.
- **Precaution Plus Clean:** At the written request of an ICP when additional cleaning is required for Outbreaks, Internal Alerts or Cluster of significant organisms, confirmed CPO in acute care only.
Cleaning per unit:
 - Twice Daily cleaning/disinfection followed later in the shift approximately 6-8 hours later. The cleaning product is accelerated hydrogen peroxide. Cleaning includes:
 - High touch areas on the unit(inclusive of hallways, nursing station, dirty utility room, nourishment stations)
 - Public/Staff Washrooms
 - Handrails
 - Communal dining rooms
 - Public lounges
 - The affected patient/resident zones who are on additional precautions
 - Daily cleaning/disinfection (Once daily cleaning) include all shared equipment/carts in use
- **Terminal Clean:** The cleaning that occurs when a patient/resident/client is on precautions and:
 - Precautions are discontinued or;
 - The patient/resident/client is discharged or transferred to another unit, bed or facility
 - This clean will follow the Housekeeping Checklist form using Accelerated Hydrogen Peroxide and includes a curtain change.
 - If the equipment is in the room, it must remain there until appropriately cleaned. The equipment will be tagged "clean" and stored in the appropriate designated "Clean" area. Remove and put in general guideline

Maintained by:	Infection Prevention and Control					
Issuing Authority:	Infection Prevention and Control					
Last Revised:	2017-NOV-24	Last Reviewed:	2017-NOV--24	First Issued:	2017-DEC-01	Page 6 of 9

4.0 Related Island Health Standards

- Island Health Infection Prevention and Control Reference Guide.
- Memorandum. 2015. [Recent changes to Managing Antibiotic Resistant Organisms in Residential Care Settings.](#)
- General Support Services. 2016. Standard Operating Procedure Terminal Clean-(Precaution Discharge)

5.0 References

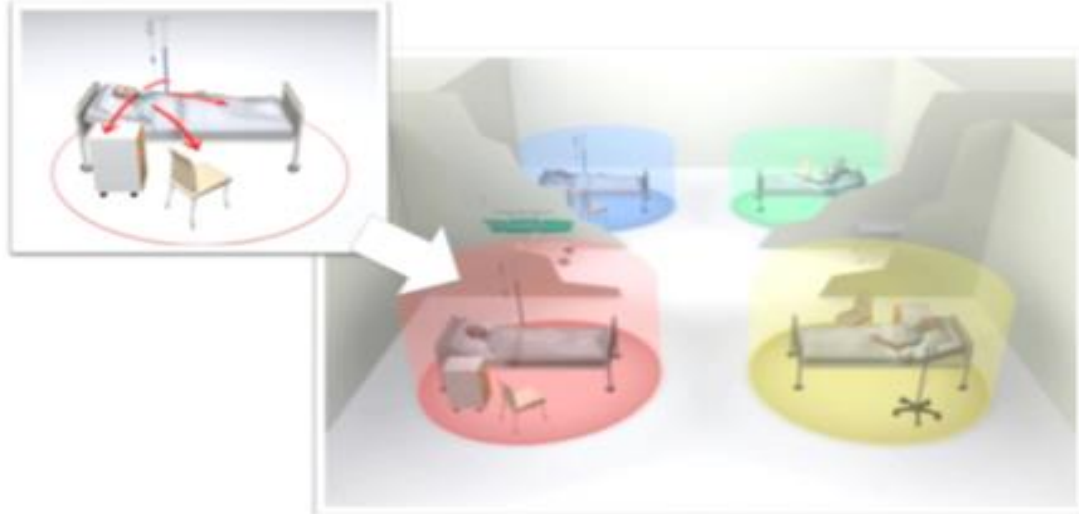
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6.0 Resources

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- Havill, Nancy. 2013. Best practices in disinfection of noncritical surfaces in the health care setting: creating a bundle for success. American Journal Of infection Control.
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- Infection Control Today. 2013. [Soft Surface Contamination.](#)
- Otter Jonathan, Yezli Saber, Salkeld James, French Gary. 2013. Evidence that contaminated surfaces contribute to the transmission of hospital pathogens and an overview of strategies to address contaminated surfaces in hospital settings. American Journal of Infection Control. 41.
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Maintained by:	Infection Prevention and Control					
Issuing Authority:	Infection Prevention and Control					
Last Revised:	2017-NOV-24	Last Reviewed:	2017-NOV--24	First Issued:	2017-DEC-01	Page 7 of 9

Appendix A: Patient Zones (represented by multiple circles)



Appendix B: Items Found to Harbour Microorganisms in the Health Care Environment

Examples of environmental items that have been shown to harbour microorganisms such as MRSA, VRE, *C.difficile*, *A. baumannii*, RSV, influenza virus and others

Bed ⁶⁷	Door handle ^{25, 42, 56, 69, 80, 81}	Pillow/mattress ^{28, 67, 86}
Bed frame ⁶⁸	Electronic thermometer ^{51, 82}	Sink ⁷²
Bed linen ⁴²	Faucet handle ²⁵	Stethoscope ⁸⁷⁻⁹⁰
Bedpan/bedpan cleaner ⁶⁹	Floor around bed ⁶⁸	Suctioning and resuscitation equipment ⁷²
Bed rail ^{42, 69-71}	Hemodialysis machine ²⁵	Table, staff work table ⁹¹ /charting area
Bedside table ^{71, 72}	Hydrotherapy equipment ⁵⁸	Telephone, mobile phones ^{69, 71, 92, 93}
Blood pressure cuff ^{25, 42}	Infusion equipment ^{42, 72}	Television ⁵⁶
Call bell ^{69, 71}	Light switch ^{56, 69}	Therapeutic and fluidized bed ^{27, 50, 94}
Chair ^{25, 73}	Overbed table ⁴²	Toilet/commode ^{56, 69, 71}
Clean gloves that have touched room surfaces only ⁷⁴	Patient bathroom ⁶⁸	Tourniquet ⁹⁵
Computer keyboard ^{30, 75-79}	Patient hoist/lift and sling ⁶⁸	Ventilator ⁷²
Couch ²⁵	Pen ⁸³	
	Phlebotomy tourniquet ^{84, 85}	

Maintained by:	Infection Prevention and Control					
Issuing Authority:	Infection Prevention and Control					
Last Revised:	2017-NOV-24	Last Reviewed:	2017-NOV--24	First Issued:	2017-DEC-01	Page 8 of 9

Appendix C: Kitchen Cleaning Checklist

Area	Yes	No	Comments
Countertops/all hard surfaces			
Food contact surfaces			
Table/chairs			
Doorknobs			
Light switches			
Paper towel dispensers			
Floors			
Salt/pepper shakers/condiment holder			
Table tops			
Garbage receptacles			
Countertops/all hard surfaces			

Appendix D: Patient/Resident Room Checklist

Area	Yes	No	Comments
Door handles			
Bedrails			
Light switches			
Sink faucets and handles			
Paper towel/soap dispensers			
Mounted grab bars			
Toilet, remote controls			
Telephone			
Over bed table			
Call light/bed controls			
Bed side table			
Medical equipment such as IV pump			

Maintained by:	Infection Prevention and Control					
Issuing Authority:	Infection Prevention and Control					
Last Revised:	2017-NOV-24	Last Reviewed:	2017-NOV--24	First Issued:	2017-DEC-01	Page 9 of 9